Bankers Life and Casualty Company

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	Policy Benefit	Amounts		Elimination I	Periods	
	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
2320 days 13 cqu	ivaioni to o years.			Inflation Pro	tection	
NI 11	D. 11 D.	C1 A		✓ 5% Compo ✓ 5% Simple	✓ Important	ed Purchase Option Company Notes
Nursing Hor	me Daily Bene	efit Amounts			8% and 4% compound infla	ation options. The ximum Benefit Amount per
	to \$300 maximurements of \$10.	ım per [day, wo	-	claim episode are	increased each policy and hout regard to claims paid	niversary by the selected
□ Not Availab	ole					
☐ Important C	Company Notes:			Residential	Care Facility Daily	y Benefit Amounts
·	, ,			Represents the Benefit Amoun ✓ 100% ☐ 70%	e percentage of the N t.	30% □ 75%

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708	\$386	\$1,147
55	\$374	\$999	\$341	\$910	\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213	\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681	\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458	\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687	\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614	\$0	\$0

Berkshire Life Insurance Company of America

BGO2P(O6/04)-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	Periods	
☐ 1 Yr. ✓ 5 Yrs. ☐ Important C	☐ 2 Yrs. ☐ 6 Yrs. Company Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ✓ Calendar Day □ Service Day
				Inflation Pro	tection	
\$50 minimum	me Daily Bene to \$300 maximu rements of \$10. per week		_		☐ Important nniversary, the daily bene amount payable is increas	
☐ Important C	Company Notes:			Residential (Care Facility Daily	y Benefit Amounts
				Represents the Benefit Amount 100% ☐ 70%	e percentage of the Nt.	60%

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 day waiting period for facility confinement. Any unearned premium is refuned on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 ye	ear maximum į	policy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$288	Not Available	\$250	\$688	Not Available	Not Available
55	\$388	Not Available	\$337	\$844	Not Available	Not Available
60	\$557	Not Available	\$485	\$1,090	Not Available	Not Available
65	\$859	Not Available	\$747	\$1,493	Not Available	Not Available
70	\$1,395	Not Available	\$1,213	\$2,123	Not Available	Not Available
75	\$2,359	Not Available	\$2,051	\$3,281	Not Available	Not Available
80	\$3,869	Not Available	\$3,364	\$5,047	Not Available	Not Available

Massachusetts Mutual Life Insurance Company

MM-401-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
☐ 1 Yr. ☐ 2 Yrs. ☑ 3 Yrs. ☑ 4 Yrs. ☑ 5 Yrs. ☑ 6 Yrs. ☐ 7 Yrs. ☑ Lifetime ☐ Important Company Notes: 10 year plan is also available.	✓ 0 days ☐ 60 days ☐ 20 days ✓ 90 days ✓ 30 days ☐ 100 days TYPE Calendar Day Service Day
To your plan to also available.	Inflation Protection
Nursing Home Daily Benefit Amounts \$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ Not Available	✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Compound - On each policy anniversary, daily/monthly benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually. Simple - On each policy anniversary, the daily/monthly benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued.
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
_ important company riotoo.	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$304	\$837	\$265	\$728	\$420	\$1,155
55	\$370	\$924	\$321	\$803	\$510	\$1,275
60	\$522	\$1,174	\$454	\$1,021	\$720	\$1,620
65	\$717	\$1,435	\$624	\$1,247	\$990	\$1,980
70	\$1,174	\$2,054	\$1,021	\$1,786	\$1,620	\$2,835
75	\$1,956	\$3,130	\$1,701	\$2,722	\$2,700	\$4,320
80	\$3,391	\$5,086	\$2,948	\$4,423	\$4,680	\$7,020

Metropolitan Life Insurance Company

LTC2-FAC-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	Periods	
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	☐ 90 days	Calendar Day
•	ompany Notes:			\square 30 days	✓ 100 days	✓ Service Day
730, 1095, 1460, Daily Benefit.	1825, 2555 (No. of d	ays) times the Nu	rsing Facility	Inflation Pro	tection	
				✓ 5% Compou ✓ 5% Simple		ed Purchase Option Company Notes
Nursing Hor	ne Daily Bene	fit Amounts		_ 0,0 0 p.0		Company Notes
offered in incr	to \$400 maximu ements of \$10.		-			
✓ per day	☐ per week	per month				
	le			Desidential	Oana Faailik Daib	. Danafit Amazumta
☐ Important C	ompany Notes:			Residential	Sare Facility Daily	/ Benefit Amounts
				Represents the Benefit Amount 100% 70%	e percentage of the N t.	0%

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	\$1,140	\$387	\$991	\$733	\$2,061
55	\$486	\$1,231	\$422	\$1,070	\$816	\$2,235
60	\$690	\$1,538	\$600	\$1,338	\$1,152	\$2,860
65	\$1,035	\$2,084	\$900	\$1,893	\$1,734	\$3,814
70	\$1,726	\$3,155	\$1,501	\$2,744	\$2,876	\$5,514
75	\$3,084	\$5,098	\$2,681	\$4,433	\$5,033	\$8,578
80	\$5,246	\$8,092	\$4,562	\$7,036	\$8,346	\$13,175

New York Life Insurance Company

INH-5000(CA)(1001)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	⊻ 90 days	\square Calendar Day
-	Company Notes:			\square 30 days	\square 100 days	Service Day
), 1825, 2555 or 3650 enefit. 10 Yrs. Plan is	• • • • • • • • • • • • • • • • • • • •	es the Nursing	Inflation Pro	otection	
						eed Purchase Option t Company Notes
Nursing Ho	me Daily Bene	efit Amounts		There are 7 autor	natic annual inflation prot	ection options: Simple 1%,
	n to \$400 maximucrements of \$1.	um per [day, w	-	Compound 5%. T CPI-U + 1 and CF option, the policy	le 3%, Simple 4%, Simple There are 3 Guranteed Pu PI-U +2. With the CPI-U (owner receives annual off the increase in the CPI-U	urchase Options: CPI-U, Guaranteed Purchase fers to increase his benefits
☐ Not Availa	ble			(september last y	ear to september 2 years	prior). The increase in
☐ Important	Company Notes:			Residential	Care Facility Dai	ly Benefit Amounts
·	, ,			Represents the Benefit Amoun ✓ 100% ☐ 70%	·	Nursing Home Daily 80%

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	nation Period.	Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	\$0	\$0	\$0	\$0	\$0	\$0

Penn Treaty Network America Life Insurance Company

SR2-P(CA)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	3	Elimination P	eriods	
✓ 1 Yr. ✓ 2 Yrs. ☐ 3 Yrs ☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs ☐ Important Company Notes:		☐ 0 days ☐ 20 days ☐ 30 days	☐ 60 days☐ 90 days☑ 100 days	TYPE ☐ Calendar Day ✓ Service Day
		Inflation Prot	ection	
				ed Purchase Option Company Notes
Nursing Home Daily Benefit Amou	unts	_ 0 / 0 Gp.io		Company Notes
\$50 minimum to \$100 maximum per [da offered in increments of \$10. ✓ per day ☐ per week ☐ per n	ny, week or month]			
☐ Not Available				
☐ Important Company Notes:		Residential C	Care Facility Daily	Benefit Amounts
—paria a apariy rioloo.		Represents the Benefit Amount. ✓ 100% ☐ 70%	percentage of the N	0%

Waiver of Premium

None offerred with this policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3)	/ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	\$580	\$1,020	Not Available	Not Available
55	Not Available	Not Available	\$770	\$1,360	Not Available	Not Available
60	Not Available	Not Available	\$970	\$1,710	Not Available	Not Available
65	Not Available	Not Available	\$1,540	\$2,640	Not Available	Not Available
70	Not Available	Not Available	\$2,820	\$4,530	Not Available	Not Available
75	Not Available	Not Available	\$5,010	\$7,320	Not Available	Not Available
80	Not Available	Not Available	\$9,000	\$11,740	Not Available	Not Available

Physicians Mutual Insurance Company

P148CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
-	✓ 2 Yrs. ☐ 6 Yrs. Company Notes: Benefit is monthly s		✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ✓ Calendar Day ✓ Service Day		
•	Benefit Period selec		•	Inflation Protection				
Nursing Home Daily Benefit Amounts \$900 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100. □ per day □ per week ☑ per month □ Not Available				✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ☐ Important Company Notes Also offer 5% compound capped at 2 x monthly benefit originally selected. The Facility Care Benefit & remaining Maximum Benefit are increased by 5% annually.				
☐ Important (Company Notes:			Residential Care Facility Daily Benefit Amounts				
			Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes					

Waiver of Premium

We waive premium after 90 service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$409	\$1,095	\$349	\$936	\$572	\$1,797
55	\$516	\$1,281	\$441	\$1,095	\$724	\$2,091
60	\$696	\$1,601	\$595	\$1,369	\$976	\$2,556
65	\$1,007	\$2,055	\$861	\$1,756	\$1,411	\$3,302
70	\$1,634	\$2,990	\$1,397	\$2,556	\$2,290	\$4,556
75	\$2,878	\$4,777	\$2,460	\$4,083	\$4,032	\$7,056
80	\$4,198	\$6,507	\$3,588	\$5,562	\$5,882	\$9,412

The State Life Insurance Company

S-6001-P-3-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods			
 □ 1 Yr. □ 2 Yrs. ☑ 3 Yrs. □ 4 Yrs. ☑ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☐ Important Company Notes: 	✓ 0 days ☐ 60 days ☐ 20 days ✓ 90 days ✓ 30 days ☐ 100 days TYPE Calendar Day Service Day			
	Inflation Protection			
Nursing Home Daily Danefit Amounts	✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ☑ Important Company Notes			
Nursing Home Daily Benefit Amounts	Optional 5% simple increase rider, increases original daily benefit by 5% annually, optional 5% compound increase rider increases daily			
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month	maximum by 5% coumpounded annually			
☐ Not Available				
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts			
	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% ☑ 100% □ 90% □ 70% □ Important Company Notes			

Waiver of Premium

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$252	\$631	\$210	\$526	\$324	\$810
55	\$336	\$758	\$280	\$631	\$432	\$972
60	\$449	\$898	\$374	\$748	\$576	\$1,152
65	\$730	\$1,314	\$608	\$1,095	\$936	\$1,684
70	\$1,207	\$1,992	\$1,006	\$1,660	\$1,548	\$2,554
75	\$1,825	\$2,737	\$1,521	\$2,281	\$2,340	\$3,510
80	\$3,229	\$4,520	\$2,691	\$3,767	\$4,140	\$5,796

Bankers Life and Casualty Company

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
✓ 1 Yr. ✓ 5 Yrs. ✓ Important C 2920 days is equ.	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
2020 dayo 10 oqu	ivaioni to o youro			Inflation Protection				
	D 11 D			✓ 5% Compo ✓ 5% Simple	✓ Important	ed Purchase Option Company Notes		
Nursing Hor	ne Daily Bene	efit Amounts		Also available are 3% and 4% compound inflation options The Maximum Daily Benefit Amount and the Maximum Benefit Amount per				
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month				claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.				
☐ Not Availab	ole							
☐ Important Company Notes:				Residential Care Facility Daily Benefit Amounts				
·	, ,			Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% ☑ 100% □ 90% □ 70% □ Important Company Notes				

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722	\$393	\$1,170
55	\$382	\$1,019	\$348	\$928	\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237	\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715	\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507	\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761	\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726	\$0	\$0